

CONTRACTOR PRODUCTION REPORT

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

DATE

Jul 26, 2018

CONTRACT NO N40080-17-C-0505	TITLE AND LOCATION Repairs to Paint & Blast Shop, Bldg. 339NS, NSA Annapolis	REPORT NO 043
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CONTRACTOR Lansdowne Construction	SUPERINTENDENT Fredrick K. Gerheiser, PE
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AM WEATHER	PM WEATHER	MAX TEMP (F)	MIN TEMP (F)
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WORK PERFORMED TODAY

Schedule Activity No	WORK LOCATION AND DESCRIPTION	EMPLOYER	NUMBER	TRADE	HRS
64; 65; 70; 71	Bldg 339NS Weld Shop - continued installation of control valves for all UHs; all UHs in building have been hung. Piping of UH 2-1, 2-2, 2-4, 2-5 in Sanding Bay. Scheduled to be finished next week.	BPI Mechanical	2	Pipefitter; Pipefitter Apprentice	20

JOB SAFETY	WAS A JOB SAFETY MEETING HELD THIS DATE? (If YES attach copy of the meeting minutes)	<input checked="" type="radio"/> YES <input type="radio"/> NO	TOTAL WORK HOURS ON JOB SITE THIS DATE, INCL CONT SHEETS	20
	WERE THERE ANY LOST TIME ACCIDENTS THIS DATE? (If YES attach copy of completed OSHA report)	<input type="radio"/> YES <input checked="" type="radio"/> NO	CUMULATIVE TOTAL OF WORK HOURS FROM PREVIOUS REPORT	684
	WAS CRANE/MANLIFT/TRENCHING/SCAFFOLD/HV ELEC/HIGH WORK/HAZMAT WORK DONE? (If YES attach statement or checklist showing inspection performed)	<input type="radio"/> YES <input checked="" type="radio"/> NO	TOTAL WORK HOURS FROM START OF CONSTRUCTION	704
	WAS HAZARDOUS MATERIAL/WASTE RELEASED INTO THE ENVIRONMENT? (If YES attach description of incident and proposed actions.)	<input type="radio"/> YES <input checked="" type="radio"/> NO		

Schedule Activity No	LIST SAFETY ACTIONS TAKEN TODAY/SAFETY INSPECTIONS CONDUCTED	<input checked="" type="checkbox"/> SAFETY REQUIREMENTS HAVE BEEN MET	Add	Del
64; 65; 70; 71	Proper wearing and use of PPE; working from a lift with proper tie-off safety requirements.			

EQUIPMENT/MATERIAL RECEIVED TODAY TO BE INCORPORATED IN JOB (INDICATE SCHEDULE ACTIVITY NUMBER)			Add	Del
Schedule Activity No	Submittal #	Description of Equipment/Material Received		

CONSTRUCTION AND PLANT EQUIPMENT ON JOB SITE TODAY. INDICATE HOURS USED AND SCHEDULE ACTIVITY NUMBER.				Add	Del
Schedule Activity No	Owner	Description of Construction Equipment Used Today (incl Make and Model)	Hours Used		

Schedule Activity No	REMARKS
	Work progressing nicely.

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CONTRACTOR/SUPERINTENDENT

DATE